

Credential Application

Remit to:
 State of Wisconsin
 Department of Commerce-Credentialing
 P.O. Box 78780
 Milwaukee WI 53293-0780
 Phone (608) 261-8467
 TDD #: (608) 264-8777 7:45 a.m. - 4:30 p.m.
 E-mail: madisoncred@commerce.state.wi.us

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

THE CREDENTIAL WILL NOT BE PROCESSED UNLESS YOU :

- A. Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable;
- C. Attach the specified fee; and
- D. Attach documents if specified on this application.

Instructions: Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. **Be certain to sign and date the application.** The applicant's social security number is mandatory information. **Make a photocopy of the completed application for your records.**

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met. **Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.**

Applicant Information	Customer ID
Applicant's Social Security No:	
Applicant's Name (First, Middle and Last):	
Address No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Telephone No. (include area code):	
If Available, Fax No. (include area code):	
If Available, Internet Address:	

 Applicant's Signature

 Date (mo/day/yr)

Send application and payment to: State of Wisconsin, Department of Commerce-Credentialing, P.O. Box 78780, Milwaukee, WI 53293-0780

Overnight mail delivery and Office location: Safety & Buildings Div., 201 W. Washington Ave., Madison, WI 53703

All other correspondence: Wisconsin Department of Commerce, Safety & Buildings Div., P.O. Box 7082, Madison, WI 53707

WELD TEST CONDUCTORS-PHYSICAL CERTIFICATION

Exam Fee (nonrefundable): \$ class code 8258

Make checks payable to: Department of Commerce. When the exam is passed, the applicant will be asked to pay a \$80 credential fee. The credential, which will be issued after the exam is passed and the prorated credential fee paid, will be effective for 4 years from the date of issuance. Office location: 201 W. Washington Ave, Madison. Mailing address: PO Box 7082, Madison, WI 53707.

Reason for Credential: No person may conduct welding tests for the purpose of qualifying structural welders under s. Comm 5.34 unless the person holds a credential issued by the department as a certified weld test conductor-physical.

Requirements of Credential: A person who conducts welding tests for qualifying structural welders under s. Comm 5.34 as a certified weld test conductor-physical shall:

- I. Ensure that the welding tests, the testing facilities and testing equipment conform with the appropriate standard or standards of:
 - A. American Welding Society D 1.1, section 4, part C.
 - B. American Welding Society D 1.3, section 4, part C.
- II. Provide to each structural welder who passes a qualifying welding test, documentation in a format specified by the department, indicating the welding procedures for which qualified; and
- III. Maintain a record of those individuals who passed a structural welding qualifying test including the procedures for which qualified for at least 4 years after the date of the test and present upon request to the department or its representative such records.

A person who holds the credential shall carry on his or her person the credential issued by the department while performing or conducting the activity or activities permitted under the credential.

Note the documentation in a format specified by the department consists of the following two forms:

- “Evidence of Completion of Structural Steel Welding Tests” - Weld test conductors are responsible for their own supplies of this form. The form may be photocopied by certified weld test conductors. “Evidence of Completion of Structural Steel Welding Tests” must be filled out by the weld test conductor and given to any person who passes the specified structural steel welding tests. This form may only be filled out for structural steel welding tests.
- “Structural Steel Welding” - Weld test conductors are responsible for their own supplies of this form. The form may be photocopied by certified weld test conductors. It is suggested that this form be photocopied or directly printed on to heavy stock paper. “Structural Steel Welding” must be filled out by the weld test conductor. The top portion is to be retained by the weld test conductor and the bottom portion given to any person who passes the specified structural steel welding tests. This form may only be filled out for structural steel welding tests.

Qualifications for Examination: In order to obtain the credential the applicant must obtain a score of at least 70% on an examination. The exam will cover information contained in Comm 5, AWS standards D1.1 and D1.3, of the American Welding Society, and welding procedures, procedure qualification, welder qualification, destructive and non-destructive testing, basic metallurgy and welding specification symbols. You are allowed to bring to the exam site the AWS Standard D1.1, Structural Welding Code – Steel, AWS Standard D.1.3, Structural Welding – Sheet Steel, and Comm 5, Licenses, Certifications and Registrations.. Copies of current Wisconsin Administrative Code books may be obtained from Document Sales @ (608) 266-3358 or @ (800) 362-7253. AWS standards may be ordered from the American Welding Society @ (800) 334-9353.

To schedule an exam:

- In the table below circle the month you would like to take the exam and the city in which you would like to take the exam. Record a telephone number where you can be reached during the day in case the exam center is filled for that date.
- Submit the **FEE AND THIS APPLICATION** with the month and city circled for the exam to the division **at least 30 days in advance of the exam date chosen**. Note you may wish to keep a copy of this letter for your records.

Exam Name: WELD TEST CONDUCTORS-PHYSICAL	This is a 3-hour exam. PLEASE CHOOSE ONE BELOW: [] AM Starting at 7:15 [] PM Starting at 11:45
Circle the exam location of your choice below. Then below the location, circle the day you would prefer to take the exam.	

2008 Exam Schedule			
EAU CLAIRE <i>Ramada Convention Center</i> <i>205 S. Barstow St.</i> <i>715-835-6121</i>	GREEN BAY <i>Hotel Sierra</i> <i>333 Main St</i> <i>920-432-4555</i>	MADISON <i>Quality Inn & Suites</i> <i>2969 Cahill Main</i> <i>608-274-7200</i>	PEWAUKEE <i>Waukesha County Technical College</i> <i>WCTC</i> <i>800 Main St</i> <i>262-695-3474</i>

2008 OSER Exam Schedule- Continued						
<i>Milwaukee</i>	<i>Platteville</i>	<i>Rhineland</i>	<i>Rice Lake</i>	<i>Superior</i>	<i>Wausau</i>	<i>WI Rapids</i>
July 12	July 12	July 12	July 12	July 12	July 12	July 12
August 9	August 9	August 9	August 9	August 9	August 9	August 9
September 13	September 13	September 13	September 13	September 13	September 13	September 13
October 11	October 11	October 11	October 11	October 11	October 11	October 11
November 8	November 8	November 8	November 8	November 8	November 8	November 8
December 13	December 13	December 13	December 13	December 13	December 13	December 13

Home Phone:

EVIDENCE OF COMPLETION OF STRUCTURAL STEEL WELDING TESTS

ATTACH THIS DOCUMENT TO ONE OF THE FOLLOWING:

1. Application for Welder Registration; or
2. Renewal application for Welder Registration

If this document is sent to the department, but is not attached to the application for welder registration or a renewal application for welder registration the department will not process the application. This document will not be returned to the applicant. It is suggested the applicant make a photocopy of this document.

Welder Registrations are only required by the Division of Safety and Buildings for Structural Steel Welding done under ss. Comm 61 to 65. Initial applications for Welder Registration may be obtained by calling the Customer Service Center @ (608) 261-8500. Renewal applications for Welder Registration are sent out approximately 30 days prior to the expiration date of the existing credential. In order to qualify for the welder registration credential the department must received the application or renewal application within one year of passing the test.

The rest of this document is to be filled out by the Certified Weld Test Conductor-Physical or Certified Weld Test Conductor-Radiographic.

Weld Test Conductor Information

Weld Test Conductor's Signature	Credential Type	Credential Number of Conductor	Expiration Date
	Weld Test Conductor-Physical		
	Weld Test Conductor-Radiographic		

Information on Person Taking the Test (please print or type):

Name of Person Taking the Test [First, Middle, Last]	Social Security No.:

Test	Date Test Passed
AWS D 1.1, section 4, part C Structural Steel Welding	
AWS D 1.3, section 4, part C Structural Steel Welding	

STRUCTURAL STEEL WELDING

Weld Test Conductor (WTC) Name:				Weld Test Conductor (WTC) Address:			
Personal Information							
Welder's Name (First, Middle, and Last):				Social Security No.:		Welder Symbol:	
Address (Street or P.O. Box):			City:		State:	Zip + 4 Code:	
Test Information							
Performance Qualification: <input type="checkbox"/> Yes <input type="checkbox"/> No				Procedure Qualification: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer Name		Address		City		State	Zip + 4 Code:
Weld Procedure Specification Number:		Code Standard and Year Edition:		Welding Process:		Base Material Specification:	
Electrode Specification SFA Number:		AWS Classification:		AWS Group Number:		Current Type and Polarity:	
Thickness of Test Piece:		Tensile Strength:		Is Backing Strip Used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amperage:	
Voltage:		Flux:		Weld Progression: <input type="checkbox"/> Up <input type="checkbox"/> Down		Qualification by Radiograph? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fillet Weld Number of Passes:		Groove Weld Number of Passes:		Interpass Temperature:		Flowrate:	
Shielding Gas Mixture:		Flowrate:		Interpass Temperature:		Qualification by Radiograph? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate Joint Position and Type	Indicate Specimen Identification	In the blanks, briefly describe any defects revealed					Pass or Fail
Tensile Specimen	Width (in.)	Thickness (in.)	Area (in.)	Ultimate Total Load (lbs)	Ultimate Unit Stress (PSI)	Character & Location of Failure	
Sample 1							
Sample 2							
Code Standard and Year		Section		Part		Paragraph Number	
Option		Test Conducted and Evaluated By (Signature of WTC)		Test Date			Expiration Date

This certifies that: (Welder's Name)				Specification No.:		Process:		Base Material Group:	
Social Security No.:		Welder Symbol		Employer			Address, City, Zip		
Welder's Signature									
Has passed the required welder qualification test. Extent of limitations listed below and at right.				Filler Material:		SFA		Group	
Weld Position Qualified: <input type="checkbox"/> 1-G <input type="checkbox"/> 2-G <input type="checkbox"/> 3-G <input type="checkbox"/> 4-G				Thickness Range					
Expiration Date				Groove Limited:		<input type="checkbox"/> 1-G <input type="checkbox"/> 2-G <input type="checkbox"/> 3-G <input type="checkbox"/> 4-G			
Test Conducted By: (WTC Name) WTC Credential No.				Fillet Limited:		<input type="checkbox"/> 1-F <input type="checkbox"/> 2-F <input type="checkbox"/> 3-F <input type="checkbox"/> 4-F			
				Pipe tubing:		<input type="checkbox"/> Thru 4" <input type="checkbox"/> Over 4"			
				Positions Qualified:		<input type="checkbox"/> All Backing <input type="checkbox"/> Yes <input type="checkbox"/> No			

Above is the Certificate of Competency Structural Steel Welding card. Complete and present the card to the person who passed the weld test proof of competency.